Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2006

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A	Fort	the 2006 calen	dar year.	or tax year beginning	, 2006, a	and end	ling		,	
_		if applicable:		C				D Employer l	dentification Number	,
		ddress change	Please use IRS label	CREATIVE COMMONS C	ORPORATION			04-35	85301	
		lame change	or print or type.	171 SECOND STREET				E Telephone		
	-	nitial return	See specific	SAN FRANCISCO, CA	94105			415-3	69-8480	
	\vdash	inal return	instruc- tions.					F Accounting		Accrual
	\vdash	mended return	lions.						(specify)	* Moordan
	\vdash	application pending	- Cocti	n E01(c)(2) organizations an	d 4947(a)(1) nanayamnt	н	and I are not applic	·		
	Ш^	pplication pending	charit	on 501(c)(3) organizations an able trusts must attach a cor	npleted Schedule A		(a) Is this a grou			X No
			•	990 or 990-EZ).			(b) If 'Yes,' enter			
G	Web	site: ► WWW.	CREATI	VECOMMONS.ORG		н	(C) Are all affilia	ites included?	Yes	No
J	Orga	anization type					(If 'No,' attac	ch a list. See inst	ructions.)	_
	(che	ck only one)	▶	X 501(c) 3 ◀ (insert r	o.) 4947(a)(1) or	527 H	(d) Is this a sepa			_
K				ization is not a 509(a)(3) supp				covered by a gro	100	X No
	gros	s receipts are	normally i	not more than \$25,000. A retual return, be sure to file a com	irn is not required, but if			emption Num		
						М			nization is not requir	
				b, 9b, and 10b to line 12 ▶					990, 990-EZ, or 990-	PF).
Pa	ırt I			ses, and Changes in N		alance	es (See the	instructio	ns.)	
	1			ints, and similar amounts rec		. 1				
				advised funds		1a				
	b	Direct public	support (r	ot included on line 1a)		1 b	805,	,873.		
		•		(not included on line 1a)	-					
	d	Government	contributio	ns (grants) (not included on	ine 1a)	1 d				
	٠			789,348. noncash					805	,873.
	2			ue including government fees	•		•			
	3	•		assessments						
	4		•	temporary cash investments					7	,119.
	5			from securities				5		
					-					
	С			oss). Subtract line 6b from lin						
Ŗ	7	Other investn	nent incon	ne (describe 🟲) 7		
MCZM<	8a			es of assets other	(A) Securities		(B) Other	r		
N						8a				
Ĕ				s and sales expenses	1	8b				
		, , ,		e)		8c				
				bine line 8c, columns (A) and	• •		prisoner pri			
				vities (attach schedule). If an		j, check	here			
	а			uding \$		9a	10	806.		
	h	•		ther than fundraising expense		9b		800.		
l			-	om special events. Subtract li	_		STATEME	NT 1 9c	10	,806.
				y, less returns and allowance:		1	GIIII DEID	III.1	10	,000.
			_	d	-					
			-	es of inventory (attach schedule). Sub	_			10 c		
ĺ	11		-	irt VII, line 103)						,389.
	12			s 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c,						,409.
\neg	13			line 44, column (B))					1,892	
EXPENSES	14	_		al (from line 44, column (C)).						,019.
P E	15		-	4, column (D))						, 928.
N	16			attach schedule)					210	, ,,,,,,
E	17			es 16 and 44, column (A)					2,442	113
\neg	18	Evenes or (do	oficity for #	ne year. Subtract line 17 from	line 12		<u></u>	17	-1,642	
A S	19			nces at beginning of year (fro					3,537	
ASSETS	20			sets or fund balances (attach					3,337	541.
T S	21			nces at end of year. Combine					1,895	
	41	HEL ASSELS OF	iunu bala	ices at end of year. Combine	1111€5 10, 13, allu 20			21	1,090	, 105.

Page 2

Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Part II

D	o not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a	Grants paid from donor advised					THE STATE OF THE S
	funds (attach sch) (cash \$					
	(cash \$)					
	If this amount includes					
	foreign grants, check here	22 a				
22 b	Other grants and allocations (att sch)				1000000	
	(cash \$				The second secon	
	non-cash \$)					
	If this amount includes foreign grants, check here ▶ □	22 b				
23	Specific assistance to individuals (attach schedule)	23				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
24	Benefits paid to or for members (attach schedule)	24				in a laboration
25 a	Compensation of current officers,					
	directors, key employees, etc listed in Part V-A (attach sch)	25 a	88,950.	6,473.	71,478.	10,999.
b	Compensation of former officers, directors, key employees, etc listed in					
	Part V-B (attach sch)	25 b	0.	0.	0.	0.
c	Compensation and other distributions, not included above, to disqualified persons (as					
	defined under section 4958(f)(1)) and persons					
	described in section 4958(c)(3)(B) (attach schedule)	25 c	0.	0.	0.	0.
00						
26	Salaries and wages of employees not included on lines 25a, b, and c	26	954,287.	767,782.	67,203.	119,302.
27	Pension plan contributions not included on lines 25a, b, and c	27				
28	Employee benefits not included on					
	lines 25a - 27	28	98,793.	20,072.	70,461.	8,260.
29	Payroll taxes	29	76,155.	51,293.	11,284.	13,578.
30	Professional fundraising fees	30	22,395.		11 000	22,395.
31	Accounting fees	31	11,000.		11,000.	
32	Legal fees	32	6,797.	40.005	6,797.	
	Supplies	33	49,865.	49,865.		
	Telephone	34				
35	Postage and shipping Occupancy	-	138,788.	138,788.		
	Equipment rental and maintenance	37	130,700.	130,700.		
38	Printing and publications	38	7,130.	7,130.		
39	Travel	39	511,580.	493,234.	18,346.	
40	Conferences, conventions, and meetings	40	311,300.	330,204.	10,040.	
41	Interest	41		-		
	Depreciation, depletion, etc (attach schedule)	42	14,269.		14,269.	
43	Other expenses not covered above (itemize): SEE STATEMENT 3	43a	462,404.	357,829.	68,181.	36,394.
b		43b			00,-01.	30,031.
С		43 c				
d		43 d				
е		43 e				
f		43 f				
g		43 g				
	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	2,442,413.	1,892,466.	339,019.	210,928.
	Costs. Check. ► if you are following			p		⊾ □ ,
f 'Ye	ny joint costs from a combined education s,' enter (i) the aggregate amount of thes	e joint	costs \$; (ii) the ar	mount allocated to Prog	ram services
\$; (iii) the amount all ndraising \$	ocated	to Management and ger	neral \$; and (iv) the	e amount allocated
.v i u	indicated by					

Part III Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? SEE_STATEMENT 4 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of all organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of all organizations and 4947(3)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) SEE_STATEMENT 5 (Grants and allocations \$) If this amount includes foreign grants, check here (Grants and allocations \$) If this amount includes foreign grants, check here (Grants and allocations \$) If this amount includes foreign grants, check here (Grants and allocations \$) If this amount includes foreign grants, check here (Grants and allocations \$) If this amount includes foreign grants, check here (Grants and allocations \$) If this amount includes foreign grants, check here (Grants and allocations \$) If this amount includes foreign grants, check here (Grants and allocations \$) If this amount includes foreign grants, check here (Grants and allocations \$) If this amount includes foreign grants, check here (Grants and allocations \$) If this amount includes foreign grants, check here (Grants and allocations \$) If this amount includes foreign grants, check here (Grants and allocations \$) If this amount includes foreign grants, check here (Grants and allocations \$) If this amount includes foreign grants, check here (Grants and allocations \$) If this amount includes foreign grants, check here (Grants and allocations \$) If this amount includes foreign grants, check here (Grants and allocations \$) If this amount includes foreign grants, check here (Grants and allocations \$) If this amount includes foreign grants, check here (Grants and allocations \$) If this amount includes foreign grants, check here (Grants and allocations \$) If this amount includ			, , , , , , , , , , , , , , , , , , , ,	
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	e Other program services.			
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	(Grants and allocations	\$) If this amount includes foreign grants, check here ▶	
	f Total of Program Service	e Expenses (should equal line	44, column (B), Program services)	1,892,466.

BAA

Form 990 (2006)

Pa	art I\	Balance Sheets (See the instructions.)			
No	te:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45	Cash – non-interest-bearing		45	
	46	Savings and temporary cash investments	1,133,805.	46	1,429,432.
		Accounts receivable		47 c	
		Pledges receivable			
		Less: allowance for doubtful accounts	- 405 000	48 c	200,376.
	49	Grants receivable	2,405,000.	49	250,000.
		Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50 a	
A	1	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50 b	
A S E T S	51 a	Other notes and loans receivable			
Ę		(attach schedule)		51 c	
S	1	Inventories for sale or use		52	
		Prepaid expenses and deferred charges	27,749.	53	22,356.
		Investments – publicly-traded securities STMT6 ► Cost X FMV	21,143.	54a	17,066.
		Investments – other securities (attach sch)		54b	2,,,,,,,,
		Investments – land, buildings, & equipment: basis 55a			
		Less: accumulated depreciation (attach schedule)		55 c	
	56	Investments – other (attach schedule)		56	
	57 a	Land, buildings, and equipment: basis			
	t	Less: accumulated depreciation (attach schedule)	24,760.	57 c	20,513.
	58	Other assets, including program-related investments (describe		58	23,234.
	59	Total assets (must equal line 74). Add lines 45 through 58	3,591,314.	59	1,962,977.
	60	Accounts payable and accrued expenses	54,082.	60	47,999.
	61	Grants payable		61	_
Ļ	62	Deferred revenue		62	
B	63	Loans from officers, directors, trustees, and key employees (attach schedule)	\(\frac{1}{2}\)	63	
Ĩ		Tax-exempt bond liabilities (attach schedule)		64 a	
T I E S	l	Mortgages and other notes payable (attach schedule)		64 b	
S	65	Other liabilities (describe • SEE STATEMENT 9)	54.000	65	19,209.
_	66	Total liabilities. Add lines 60 through 65	54,082.	66	67,208.
Й	Orga	anizations that follow SFAS 117, check here ► X and complete lines 67			
N E T	67	through 69 and lines 73 and 74. Unrestricted	1,132,232.	67	972,023.
Ş	68	Temporarily restricted.	2,405,000.	68	923,746.
ANNETS	69	Permanently restricted.	2,403,000.	69	323, 140.
		anizations that do not follow SFAS 117, check here			
O R	. 9	70 through 74.	1		
FUZ0	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
Ă	72	Retained earnings, endowment, accumulated income, or other funds		72	
BALAZCES	73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	3,537,232.	73	1,895,769.
3	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	3,591,314.	74	1,962,977.
BA	4		•	•	Form 990 (2006)

BAA

Form 990 (2006)

P	art IV-A Reconciliation of Revenuinstructions.)	ue per Audited Financia	l Statements with	Revenue per Retur	n (See the
a	Total revenue, gains, and other support		ents	a	832,163
b	1Net unrealized gains on investments		ы1	541.	
	2Donated services and use of facilities			31,213.	
	3Recoveries of prior year grants			00,200	
	4Other (specify):				
	Add lines b1 through b4				
C	Subtract line b from line a			<u>c</u>	800,409
d	Amounts included on Part I, line 12, bu		11		
	1 Investment expenses not included on P 2Other (specify):				
			d2 <u></u> _d2		
e	Add lines d1 and d2				800,409
	art IV-B Reconciliation of Expens	ses per Audited Financi	al Statements with	Expenses per Ret	
_	Takel assessment bears may availed	Garagial atatamanta			2 472 626
a b	Total expenses and losses per audited Amounts included on line a but not on l				2,473,626
_	1Donated services and use of facilities.		b1	31,213.	
	2Prior year adjustments reported on Pari				
	3Losses reported on Part I, line 20		b3		
	4Other (specify):				
	Add lines b1 through b4			b	31,213.
С	Subtract line b from line a			с	2,442,413.
d	Amounts included on Part I, line 17, but		1 1		
	1 Investment expenses not included on P				
	2Other (specify):		101		
	Add lines d1 and d2			d	
e	Total expenses (Part I, line 17). Add lin	es c and d		▶ e	
P	Current Officers, Directo or key employee at any time du	rs, Trustees, and Key E	mployees (List each	n person who was an of	ficer, director, trustee,
	or key employee at any time de	(B) Title and average hours	(C) Compensation	(D) Contributions to	(E) Expense
	(A) Name and address	per week devoted to position	(if not paid, enter -0-)	employee benefit plans and deferred	account and other allowances
				compensation plans	
					,,
SE	E STATEMENT 10		88,950.	0.	0.
_					
					

TEEA0105L 01/18/07

Form 990 (2006) CREATIVE COMMONS CORP	ORATION		04-358530	1	F	Page (
Part V-A Current Officers, Directors, Tru		nployees (continue	ed)		Yes	No
75 a Enter the total number of officers, directors, and trustees				_		
b Are any officers, directors, trustees, or key er listed in Schedule A, Part I, or highest compe A, Part II-A or II-B, related to each other thro identifies the individuals and explains the rela	nsated professional an uah family or business	d other independent co relationships? If 'Yes.';	ntractors listed in Schedule	s 75b		X
c Do any officers, directors, trustees, or key emlisted in Schedule A, Part I, or highest compe A, Part II-A or II-B, receive compensation from to the organization? See the instructions for the compensation of the organization?	nsated professional an m any other organization	d other independent co	ntractors listed in Schedule t or taxable, that are related	. 75 c		X
If 'Yes,' attach a statement that includes the i	nformation described in	the instructions.				
d Does the organization have a written conflict						
Part V-B Former Officers, Directors, Tru Benefits (If any former officer, direct during the year, list that person below the instructions.)	tor, trustee, or kev emp	lovee received compen	sation or other benefits (dee er benefits in the appropriat	scribed	below	r) e
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit a plans and deferred compensation plans	ccount	xpense and of ances	ther
NONE						
	•					
				_		
	-					
					_	
Part VI Other Information (See the inst	ructions.)				Yes	No
76 Did the organization make a change in its acti	ivities or methods of co	nducting activities?				
If 'Yes,' attach a detailed statement of each c	hange					X
77 Were any changes made in the organizing or	-	out not reported to the li	RS?	. 77		Х
If 'Yes,' attach a conformed copy of the chang						17
78a Did the organization have unrelated business	-				BT.	X
b If 'Yes,' has it filed a tax return on Form 990- 1	•			. 78b	N/	A
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement				. 79		Χ
80 a Is the organization related (other than by assomembership, governing bodies, trustees, offic	ers, etc, to any other e	xempt or nonexempt or	ganization?	. 80 a	Χ	
b If 'Yes,' enter the name of the organization ►	TCOMMONS LTD.	스				
81 a Enter direct and indirect political expenditures	and cr	neck whether it is 🔥 e:	xempt or nonexempt.			

BAA Form **990** (2006)

81 b

b Did the organization file Form 1120-POL for this year?....

Sou List the states with which a copy of this fetalitis med			
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90 b		12
91 a The books are in care of ► THE ORGANIZATION Telephone number ► 415-369-848			
Located at ► 171 SECOND STREET, SUITE 300, SAN FRANCISCO CA ZIP + 4 ► 94105			
L. Al king during the calendary and did the supported in the calendary of interest in the city of the calendary and the calendary of the	Г	Yes	No

b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
	If 'Yes,' enter the name of the foreign country ▶ GERMANY,
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

Form **990** (2006

91 b X

BAA

Form 990	(2006) CREATIVE COMMONS (CORPORATIO	N		04-3585	301 Page 8
	Other Information (continu					Yes No
	ny time during the calendar year, die		on maintain an office	outside of the U	Inited States?	91 c X
	-					
92 Sect	es,' enter the name of the foreign count tion 4947(a)(1) nonexempt charitable	e trusts filing Fo	orm 990 in lieu of For	<i>m 1041</i> – Check	here	N/A ►
and	enter the amount of tax-exempt inte	erest received o	or accrued during the	tax year	▶ 92	N/A
	Analysis of Income-Produc					
, cont viii	Analysis of mosmo . I sau.		business income		ction 512, 513, or 514	
Note: Ento	er gross amounts unless indicated.	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
02 Dr	ogram service revenue:	Dusinios code	- Tilloune	Exclusion sous	, <u>u.</u>	
	3					
	<u> </u>			_		
e	adiagra/Madigaid naumants					
	edicare/Medicaid paymentses & contracts from government agencies					
-	•					
	embership dues and assessments . erest on savings & temporary cash invmnts .			14	7,119.	
				1.1		
	vidends & interest from securities.					
	t rental income or (loss) from real estate:					
	bt-financed property			-		
	t debt-financed property					
	rental income or (loss) from pers prop					
99 Ot	her investment income					
	nin or (loss) from sales of assets					
	ner than inventory		-	1	10 006	
	t income or (loss) from special events			1	10,806.	
	ss profit or (loss) from sales of inventory					
	her revenue: a			1	22.200	
b_E	URO TO DOLLARS (LOSS			1	-23,389.	
c						
d						
e						
	ototal (add columns (B), (D), and (E))				-5,464.	F 464
	tal (add line 104, columns (B), (D),				······	-5,464.
200701-000000000000000000000000000000000	e 105 plus line 1d, Part I, should equ			1.0		- (: \
Part VII						
Line No.	Explain how each activity for which of the organization's exempt purp	h income is rep	orted in column (E) o	of Part VII contril	outed importantly to the	e accomplishment
17./3	of the organization's exempt purp	oses (other tha	ii by providing lunus i	or such purpose	s).	
N/A						
Part IX	Information Regarding Tax	abla Cubaid	iarias and Diaras	andad Entitia	· (Cas the instruct	tiona
Partia						
	(A)	(B)	(C)	,	(D)	(E)
	, address, and EIN of corporation, tnership, or disregarded entity	Percentage of ownership inter		activities	Total	End-of-year
	thership, or disregarded entity	Ownership liner			income	assets
N/A			%			
			%			
			%			
D-:4 V	Information Description To-	nofena A s s :	%	nal Barrati O	andreada (Car III)	imaternation = \
	Information Regarding Tra				· · · · · · · · · · · · · · · · · · ·	
	e organization, during the year, receive any fu					
	he organization, during the year, pa			a personal bene	ent contract?	. Yes X No
	If 'Yes' to (b), file Form 8870 and Fo	orm 4/20 (see i	ristructions).			F
BAA					TEEA0108L 01/19/0	7 Form 990 (2006)

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Page 8

Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If X (D) Name, address, of each controlled entity. Totals Totals Totals Totals Totals Totals Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If X (D) Amount of transfer t	Pa	π λι	Information Regarding Transfers To an organization is a controlling organizatio	na From Controlled El In as defined in section	ntities. Complete only it ti n 512(b)(13).	ne		
Yes, complete the schedule below for each controlled entity Name, address, of each controlled entity Employer Identification Description of transfer Amount of transfer						_	Yes	No
Name, address, of each controlled entity Employer Identification Description of transfer Amount of transfer	106	Did 'Ye	l the reporting organization make any transfers to a .s.' complete the schedule below for each controlle	a controlled entity as defined	ed in section 512(b)(13) of the (Code? If		Х
Totals Totals Totals Totals Totals Totals Totals Press, complete the schedule below for each controlled entity as defined in section 512(b)(13) of the Code? If X Name, address, of each controlled entity. Description of transfer Totals Totals Totals Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annualises described in question 107 above? Totals Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annualises described in question 107 above? Totals Totals			(A) Name. address. of each	(B) Employer Identification	(C) Description of		(D)	
Totals Totals	а							
Totals Totals Totals Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If Yes,' complete the schedule below for each controlled entity. Name, addays, of each Controlled entity Rame, addays, of each Controlled entity Totals Totals	b							
Totals Please Sign Here Pre-parer's Sender Pre-parer's Pre-pare	с							
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If Yes, complete the schedule below for each controlled entity. Name, address, of each controlled entity Employer Identification Number Description of transfer			Totals					
Yes, complete the schedule below for each controlled entity. Name, address, of each controlled entity Employer Identification Description of transfer							Yes	No
Totals Totals Totals Totals Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?. Ves No X X Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?. Ves No X X Please Sign Under penalties of peripry, 1 declare that 1 have expanded this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is buse, correct, and complete. Declaration of nearly knowledge. Please Sign Preparer's Signature DIANE CABELL ASS'T TREMSUEER Preparer's Signature Date Date Preparer's Signature BRUCE J. WRIGHT Type or print name and title. Date Preparer's Signature Signature BRUCE J. WRIGHT Signature Signature Date Signature Signature	107	Did 'Ye	the reporting organization receive any transfers fr s,' complete the schedule below for each controller	r om a controlled entity as d	lefined in section 512(b)(13) of	the Code? If	:	X
Totals Totals Totals Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? Please Signature of peripur, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rive, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Please Signature of officer Diate Diate Preparer's signature of officer Date Diate Preparer's signature of self-employed, out of self-employed, organization of self-employed organiza			(A) Name, address, of each controlled entity	Employer Identification	(C) Description of transfer	Amount	(D) of tran	sfer
Totals Totals Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annutites described in question 107 above? Under penalties of periury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Please Sign Here Diane Date Date Type or print name and title. Preparer's signature's signature's signature's signature's parer's SUSE only STIN (See General Instruction W) 262 GRAND AVENUE SOUTH SAN FRANCISCO, CA 94080 Phone no. * (650) 872-7600	a							
Totals Totals Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? Value of perium, lectore that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is row, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Please Sign Here Paid Preparer's Signature Preparer's signature Preparer's signature BRUCE J. WRIGHT Firm's name (or yours if self-employed). Firm's name (or yours if self-employed). BRUCE J. WRIGHT Firm's name (or yours if self-employed). EIN N/A Phone no. • (650) 872-7600	b							
The preparer's Signature of officer Firm's name (or yours if self-employed), address, and ZIP+4 Only Pyes No X X Yes No X X X X X X X X X X X X X	С							
Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?. Victorian of perjury declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Victorian officer Victo			Totals	in settle	Contract of the Contract of th			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Please Sign Here Preparer's Signature Preparer's signature Preparer's signature Preparer's Signature Preparer's Signature Firm's name (or yours if self-employed), address, and 2IP + 4 Proparer's Signature Proparer's Son or PTIN (See Self-employed), address, and 2IP + 4 SOUTH SAN FRANCISCO, CA 94080 Phone no. > (650) 872-7600							Yes	No
Under penalties of periury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Please Sign Here J Muy 3007	108	Did ann	the organization have a binding written contract in juities described in question 107 above?	effect on August 17, 2006		-		Х
Paid Preparer's signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's SIN or PTIN (See General Instruction W) N/A Firm's name (or yours if self-employed), address, and ZIP + 4 SOUTH SAN FRANCISCO, CA 94080 Phone no. ► (650) 872-7600	Sign	1	Signature of officer	>	Date Date	4	elief, it is	5
parer's Use Use Only Only Firm's name (or yours if self-employed), address, and ZIP + 4 SOUTH SAN FRANCISCO, CA 94080 Phone no. ► (650) 872-7600	Paid		Preparer's		2 Sell-		or PTIN	(See
	pare Use	r's	Firm's name (or yours if self-employed), Self-employed, Self-emplo		EIN ► N/A	·		
	BAA		SOUTH SAN FRANCISCO, C	CA 94080	Phone no. ► (6.			-

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

2006

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

CREATIVE COMMONS CORPORATION			04-3585301		
			, Directors, and	d Trustees	
(See Instructions, List each on (a) Name and address of each employee paid more than \$50,000	e. If there are none, ente (b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances	
Compensation of the Five Highest Paid Employee (See instructions. List each one. If there are none, employee paid more than \$50,000 SEE STATEMENT 11 cotal number of other employees paid the provided than \$50,000 SEE STATEMENT 11 cotal number of other employees paid the provided than \$50,000 Compensation of the Five Highest Paid Independence (See instructions. List each one (whether individua) (a) Name and address of each independent contractor paid more than \$50,000 than \$50,000 for professional services CHRISTIANE ASSCHENFELDT HENCKEL GISPSTRASSE 12 10119 BERLING, GERMANY DIANE CABELL COUTH ST PORTSMOUTH, NH 03801 Cotal number of others receiving over the professional services Cought in the professional services Cought in the professional services of the professional services		205 205	10 420	_	
		395,305.	18,439.	0.	
Total number of other ampleyees naid				15 - 2300 T	
over \$50,000		0	The second second		
Part II — A Compensation of the Five Hig (See instructions. List each on	hest Paid Independent C e (whether individuals or	contractors for Profirms). If there are	o <mark>fessional Sen</mark> e none, enter 'I	vices None.')	
(a) Name and address of each independent contra	actor paid more than \$50,000	(b) Type o	of service	(c) Compensation	
CHRISTIANE ASSCHENFELDT HENCKEL . GISPSTRASSE 12 10119 BERLING. G	ERMANY	LEGAL		77,475.	
DIANE CABELL		LEGAL	I.FCAI		
		-		56,600.	
		. –			
		_			
Total number of others receiving over				Carlos Carlos	
\$50,000 for professional services		O Ontractors for Ot	har Sanjisas		
(List each contractor who perfo	ormed services other than	professional serv	vices, whether i	individuals or	
(a) Name and address of each independent contra	actor paid more than \$50,000	(b) Type o	f service	(c) Compensation	
HAL PLOTKIN		WRITER		96,000.	
JONATHAN REES		WKIIEK		90,000.	
BONARD ROAD ARLINGTON, MA 02476		SOFTWARE DEV	ELOPER	65,000.	
FOREST LANE BERKELEY, CA 94708		SOFTWARE DEV	ELOPER	55,200.	
· · · · · · · · · · · · · · · · · · ·		-			
·		_			
Fotal number of other contractors receiving byer \$50,000 for other services		0	A Secretary of the Secr	Commented a big and a life of the	

ch	chedule A (Form 990 or 990-EZ) 2006 CREATIVE COMMONS CORPORATION	N 04-3585301		F	age 2
э _а	art III Statements About Activities (See instructions.)			Yes	No
1	During the year, has the organization attempted to influence national, state, or loca to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the or incurred in connection with the lobbying activities ► \$N/I	e total expenses paid A	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must organizations checking 'Yes' must complete Part VI-B AND attach a statement givin lobbying activities.	complete Part VI-A. Other ng a detailed description of the			
2	2 During the year, has the organization, either directly or indirectly, engaged in any o substantial contributors, trustees, directors, officers, creators, key employees, or m taxable organization with which any such person is affiliated as an officer, director, beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement exp.	embers of their families, or with any trustee, majority owner, or principal			
	SEE STATEMENT 12	For			
	a Sale, exchange, or leasing of property?		2a		X
	b Lending of money or other extension of credit?		2b		Х
	c Furnishing of goods, services, or facilities?	ORM 990, PART V	2c		X
	d Payment of compensation (or payment or reimbursement of expenses if more than		2d	X	
	e Transfer of any part of its income or assets?		2e		_X_
3	3a Did the organization make grants for scholarships, fellowships, student loans, etc? explanation of how the organization determines that recipients qualify to receive pa	(If 'Yes,' attach an yments.)	3a		X
	b Did the organization have a section 403(b) annuity plan for its employees?		3b	Х	
•	c Did the organization receive or hold an easement for conservation purposes, includ to preserve open space, the environment, historic land areas or historic structures? 'Yes,' attach a detailed statement	ing easements If	3с		х
,	d Did the organization provide credit counseling, debt management, credit repair, or o	debt negotiation services?	3 d		Х
4	4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b 4f and 4g	through 4g. If 'No,' complete lines	4a		Х
1	b Did the organization make any taxable distributions under section 4966?		4b		х
	c Did the organization make a distribution to a donor, donor advisor, or related person		4c		х
	d Enter the total number of donor advised funds owned at the end of the tax year	_			
•	e Enter the aggregate value of assets held in all donor advised funds owned at the en	nd of the tax year▶			
1	f Enter the total number of separate funds or accounts owned at the end of the tax ye funds included on line 4d) where donors have the right to provide advice on the dist amounts in such funds or accounts	tribution or investment of	-		
•	g Enter the aggregate value of assets held in all funds or accounts included on line 4	f at the end of the tax year >			

Pal	t IV Reason for Non-Private	Foundation Status (S	See instructions.)							
l cer	tify that the organization is not a private	e foundation because it is:	(Please check only ONE ap	plicable bo	x.)					
5	A church, convention of churches,	or association of churches	s. Section 170(b)(1)(A)(i).							
6	6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)									
7	A hospital or a cooperative hospital	al service organization. Sec	ction 170(b)(1)(A)(iii).							
8	A federal, state, or local governme	ent or governmental unit. S	Section 170(b)(1)(A)(v).							
9	A medical research organization of and state	perated in conjunction with		(1)(A)(iii). E	inter the hosp	pital's name, city,				
10	An organization operated for the beautiful (Also complete the Support Sched	enefit of a college or unive lule in Part IV-A.)	ersity owned or operated by	a governm	ental unit. Se	ection 170(b)(1)(A)(iv)				
11 a	An organization that normally rece Section 170(b)(1)(A)(vi). (Also con	ives a substantial part of it plete the Support Sched u	ts support from a governme I le in Part IV-A.)	ental unit or	from the ger	eral public.				
11 t	A community trust. Section 170(b)	(1)(A)(vi). (Also complete t	the Support Schedule in Pa	art IV-A.)						
12	An organization that normally rece from activities related to its charita from gross investment income and organization after June 30, 1975. S	ble, etc, functions – subje unrelated business taxabl	ect to certain exceptions, ar le income (less section 511	nd (2) no m e tax) from b	ore than 33-1 <i>i</i> ousinesses ac	3% of its support				
13	An organization that is not controll requirements of section 509(a)(3).	ed by any disqualified pers Check the box that describ	sons (other than foundation	managers)	and otherwis	e meets the				
	Type I Type II	Type III-Function	onally Integrated	Type II	I-Other					
			out the supported organiz		d)	(e)				
	(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the si organizati the sur organi gove docur	Amount of support					
				Yes	No					
Tota					.,	0.				
	_									
14 BAA	An organization organized and ope	rated to test for public safe	ety. Section 509(a)(4). (Sec			1 990 or 990-EZ) 2006				

Page 4

*************	t IV-A Support Schedule (0: You may use the worksheet in the					unting.
Cale	ndar year (or fiscal year	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
_	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,754,471.	1,206,174.	901,680.	1,115,000.	4,977,325.
16	Membership fees received	1,734,471.	1,200,174.	301,000.	1,113,000.	0.
	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose.	4,053.	58,873.			62,926.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.	14,530.	7,378.	8,713.	2,584.	33,205.
19	Net income from unrelated business activities not included in line 18					0.
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0.
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0.
23	Total of lines 15 through 22	1,773,054.	1,272,425.	910,393.	1,117,584.	5,073,456.
	Line 23 minus line 17	1,769,001.	1,213,552.	910,393.	1,117,584.	5,010,530.
	Enter 1% of line 23	17,731.	12,724.	9,104.	11,176.	400 044
	Organizations described on lines			olumn (e), line 24	/600 Malescond (1990)	100,211.
	Prepare a list for your records to show the supported organization) whose total gifts f return. Enter the total of all these excess a	or 2002 through 2005 exceed amounts	ed the amount shown in li	ne 26a. Do no t file this list	with your 26b	4,008,734.
	Total support for section 509(a)(1				► 26c	5,010,530.
C	Add: Amounts from column (e) for	or lines: 18	33,205.	19 26b 4,008,7	34. 26d	4,041,939.
	Public support (line 26c minus lin					968,591.
	Public support percentage (line 2	•				19.33 %
27	Organizations described on line For amounts included in lines 15, name of, and total amounts receisuch amounts for each year:	12: N/A 16, and 17 that were ved in each year from	received from a 'disc , each 'disqualified p	qualified person,' preperson.' Do not file thi	pare a list for your red s list with your return	ords to show the n. Enter the sum of
	(2005) For any amount included in line 1 to show the name of, and amoun \$5,000. (Include in the list organix After computing the difference be differences (the excess amounts)	7 that was received for t received for each year zations described in lin tween the amount receiver each year.	om each person (oth ar, that was more tha nes 5 through 11b, as eived and the larger	ner than 'disqualified pan the larger of (1) the swell as individuals.) amount described in	persons'), prepare a li e amount on line 25 f Do not file this list w (1) or (2), enter the so	st for your records or the year or (2) ith your return. um of these
	(2005) Add: Amounts from column (e) for 17 Add: Line 27a total	(2004)	(2003)		(2002)	
c	Add: Amounts from column (e) fo	r lines: 15		16		
d	Add: Line 27a total	20	Lline 27h total		27d	
е	Public support (line 2/c total min	us line 2/d total)	<i> </i>		2/e	
f	Total support for section 509(a)(2) test: Enter amount fr	om line 23, column	(e) ► 27f		
g	Public support percentage (line 2	?7e (numerator) divide	d by line 27f (denon	ninator))	► 27g	8
	Investment income percentage (I					%
28	Unusual Grants: For an organizatist for your records to show, for enature of the grant. Do not file the	each vear, the name of	the contributor, the	date and amount of t	ants during 2002 throu he grant, and a brief	ugh 2005, prepare a description of the

Part V Private School Questionnaire (See instructions.)

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)	_		
	Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff?	_		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
	d Copies of all material used by the organization or on its behalf to solicit contributions?	. 32 d		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)	_		
33	Does the organization discriminate by race in any way with respect to:	_		
•	a Students' rights or privileges?	. 33a		
ı	b Admissions policies?	. 33b		
•	c Employment of faculty or administrative staff?	. 33c		
•	d Scholarships or other financial assistance?	. 33d		
•	e Educational policies?	. 33e		
1	f Use of facilities?	. 33f		
ç	g Athletic programs?	. 33g		
ŀ	Other extracurricular activities?	. 33h	1	
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)	_		
34 a	a Does the organization receive any financial aid or assistance from a governmental agency?	. 34a		
L	Has the organization's right to such aid over been revoked or suspended?	2/1		
t	has the organization's right to such aid ever been revoked or suspended?	. 34b		100
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial	25		

rai	LVI-A	(To be comple	xpenditures by Ele ted ONLY by an eligible	organization that filed	ties (See Form 5768	instructi 8)	ons.)				N/A	
Che	ck ► a	if the organi	ization belongs to an af	filiated group. Check	► b	if you c	heck	ed 'a' and '	limited	d con	trol' provisions app	ly.
			_imits on Lobbying n 'expenditures' means	•	ed.)			(; Affiliate tot	a) d grou als	qu	(b) To be complete for all electing organizations]
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) 36										organizations	
37	Total lob	bying expendit	ures to influence a legi	slative body (direct lobb	oying)		37					
38	Total lob	bying expendit	cures (add lines 36 and	37)			38					
39	Other ex	empt purpose	expenditures			[39					
40	Total ex	empt purpose e	expenditures (add lines	38 and 39)			40					
41	Lobbying	g nontaxable ar	mount. Enter the amour	nt from the following tal	ole –							
	If the arr	ount on line 4	0 is — The	lobbying nontaxable a	mount is -	-]			****	7		
	Not over	\$500,000	20%	of the amount on line	40			40				
	Over \$500,	000 but not over \$1	,000,000 \$100,	.000 plus 15% of the excess of	over \$500,000							
			\$1,500,000 \$175,			00000	41					
			\$17,000,000 \$225,						d :		塘	
			\$1,0			000000						
42			amount (enter 25% of I				42					
43			ne 36. Enter -0- if line 4			-	43					
44			ne 38. Enter -0- if line 4				44					
	Caution	ir there is an a	amount on either line 4.						_			
		(Some organ	izations that made a se	Averaging Period ection 501(h) election de the instructions for li	o not have	to comp	lete	(h) all of the fi	ve col	umns	below.	
				Lobbying Expend	ditures Du	ring 4 -Y	ear A	veraging F	Period			
	Calenda (or fisca beginnin	year	(a) 2006	(b) 2005		(c) 004		•	d) 03		(e) Total	
45	Lobbying amount.	nontaxable										
46	Lobbying co (150% of I	eiling amount ine 45(e))										
47	Total lob expendit	bying ures										
48	Grassroot taxable a	ots non- amount		The state of the s								
49	(150% of I	ceiling amount ine 48(e))										
50		ots lobbying ures										
Par			ctivity by Nonelectionly by organizations the	ing Public Charitie at did not complete Pa	rt VI-A) (Se	ee instru	ction	s.)			N/A	
Durir atter	ng the yea npt to infl	er, did the organuence public op	nization attempt to influ pinion on a legislative n	ence national, state or natter or referendum, th	local legis rough the	lation, in use of:	ocludi	ng any	Yes	No	Amount	
		•	ent (Include compensati			_		ř				
			egislators, or the public					-				
			egisiators, or the public ed or broadcast stateme									—
			ed of broadcast statering ations for lobbying purp					- F				
			slators, their staffs, gove									
			, seminars, conventions									
			ures (add lines c throug		-			le le				
•			e, also attach a statemer									
BAA									dule 4	(For	m 990 or 990-EZ) 2	2006

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

of the	Code (other than section	n 501(c)(3)	organizations) or in section 527, relato a noncharitable exempt organization			Yes	No
	· •	-			51 a (i)	103	X
					a (ii)		X
	transactions:				~ (,	_	
		sets with a r	noncharitable exempt organization		b (i)		Х
• • • • • • • • • • • • • • • • • • • •			, ,		b (ii)		X
					b (iii)		X
					b (iv)		X
, ,	*				b (v)		X
(-/-	J				b (vi)		X
• •			,		C		X
				olumn (b) should always show the fair r organization received less than fair ma oods, other assets, or services receive		ue of	
(a) Line no.	(b) Amount involved	Name of	noncharitable exempt organization	(d) Description of transfers, transactions, and	sharing arra	ngement	ts
N/A							
							-
					_		
					-		
descri	organization directly or i bed in section 501(c) of ,' complete the following	the Code (o	filiated with, or related to, one or more ther than section 501(c)(3)) or in sec	re tax-exempt organizations tion 527?	► Ye	s X	No
211 100	(a)	, 0011000101	(b)	(c)			
	Name of organization		Type of organization	(c) Description of relation	ship		
N/A							
		_					
			-				
							
		<u> </u>					
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CREATIVE COMMONS CORPORATION

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STATEMENT 1 FORM 990, PART I, LINE 9 NET INCOME (LOSS) FROM SPECIAL EVENTS

SPECIAL EVENTS		GROSS RECEIPTS	LESS CONTRI- BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
OTHER SALES/EVENTS	TOTAL \$	10,806. 10,806.	\$ 0. \$ 0.	10,806. \$ 10,806.	<u> </u>	10,806. 10,806.

STATEMENT 2 FORM 990, PART I, LINE 20 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED GAIN ON INVESTMENTS STOTAL	\$ 541. \$ 541.
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STATEMENT 3 FORM 990, PART II, LINE 43 OTHER EXPENSES

		(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
		TOTAL	SERVICES	& GENERAL	<u>FUNDRAISING</u>
BANK CHARGES CONTRACTOR FEES		5,815. 218,120.	166,388.	5,815. 15,338.	36,394.
INSURANCE INTERNS MEMBERSHIP AND DUES		42,148. 11,016. 13,335.	11,016. 13,335.	42,148.	
PROFESSIONAL SERVICES PUBLICITY & COMMUNICATIONS		67,063. 66,025.	67,063. 65,708.	317.	
RESEARCH TECHNOLOGY		3,163. 34,319.	34,319.	3,163.	
TRAINING	TOTAL \$	1,400. 462,404.	357,829.	1,400. \$ 68,181.	\$ 36,394.

STATEMENT 4
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

CHARITABLE AND EDUCATIONAL PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE IRC....INCLUDING, BUT NOT LIMITED TO, DESIGNING METHODS AND TECHNOLOGIES THAT FACILITATE SHARING OF SCIENTIFIC, CREATIVE, AND OTHER INTELLECTUAL WORKS WITH THE GENERAL PUBLIC."

CREATIVE COMMONS CORPORATION

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STATEMENT 5
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION

GRANTS AND SERVICE ALLOCATIONS EXPENSES

COPYRIGHT LAW PROHIBITS REPRODUCTION OF ANOTHER'S WORK WITHOUT EXPRESS PERMISSION OF THE AUTHOR. CREATIVE COMMONS PROVIDES ONLINE PERMISSION FORMS THAT ENCOURAGE AUTHORS TO ALLOW THE PUBLIC TO LEGALLY USE THEIR WORKS ON A NONCOMMERCIAL BASIS FOR FREE, THUS ENCOURAGING FREE SHARING OF KNOWLEDGE, ART AND CULTURE. THERE ARE NOW OVER 140 MILLION APPLICATIONS OF OUR LICENSES; THEY HAVE BEEN TRANSLATED AND ADAPTED FOR USE IN 36 COUNTRIES WITH 21 MORE IN PROCESS.

IN 2006, CREATIVE COMMONS PUBLISHED AN UPDATE OF ITS CORE LICENSES AS WELL AS A REVISION OF THE SOFTWARE THAT ALLOWS USERS TO POST THEIR CONTENT ONLINE FOR FREE NONCOMMERCIAL USE BY THE PUBLIC (CCHOST VERSION 4.0). CC LABS WAS LAUNCHED AS A WEBSITE WHERE THESE AND OTHER "TOOLS" ARE OFFERED TO HELP USERS PUBLISH AND SHARE THEIR ONLINE MATERIAL MORE EASILY. ONE OF THE NEW TOOLS ASSISTS AUTHORS TO REGAIN THEIR COPYRIGHTS FOLLOWING PRIOR TRANSFERS SO THAT THEY CAN BE OFFERED AGAIN TO THE PUBLIC.

CCMIXTER WAS LAUNCHED AS A WEBSITE WHERE MUSICIANS CAN RE-USE EACH OTHERS' WORK TO CREATE NEW WORKS AVAILABLE FOR FREE NONCOMMERCIAL USE. CC "SALONS" WERE LAUNCHED AS INFORMATION EVENTS WHERE ARTISTS AND OTHER CREATORS COULD GATHER TO LEARN MORE ABOUT CC LICENSES AND THE VALUES OF OPEN SHARING. SCIENCE COMMONS BEGAN DEVELOPMENT OF A SCHOLAR'S COPYRIGHT LICENSE (GIVING A RESEARCHER THE RIGHT TO SELF-PUBLISH ON THE INTERNET A COPY OF ARTICLES SUBMITTED TO SCIENTIFIC JOURNALS FOR PUBLICATION), A MORE FLEXIBLE AND ROBUST MODEL MATERIALS TRANSFER AGREEMENT FOR THE EXCHANGE OF BIOLOGICAL MATERIALS AMONG SCIENTISTS, AND THE NEUROCOMMONS PROJECT WHICH WILL ADDRESS CONCERNS ABOUT SHARING OF RESEARCH DATABASES.

CREATIVE COMMONS AND ITS SUBSIDIARY, ICOMMONS, CO-HOSTED THE "ISUMMIT", A 3-DAY CONFERENCE THAT ATTRACTED OVER 200 PARTICIPANTS TO LEARN ABOUT OPEN SHARING PRACTICES.

INCLUDES FOREIGN GRANTS: NO

1,892,466.

\$ 0. \$1,892,466.

STATEMENT 6 FORM 990, PART IV, LINE 54A INVESTMENTS - PUBLICLY TRADED SECURITIES

OTHER PUBLICLY TRADED SECURITIES

VALUATION

METHOD

AMOUNT

INVESTMENTS

MARKET VALUE

17,066.

TOTAL \$

\$

17,066.

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STATEMENT 6 (CONTINUED)
FORM 990, PART IV, LINE 54A
INVESTMENTS - PUBLICLY TRADED SECURITIES

STATEMENT 6 (CONTINUED) FORM 990, PART IV, LINE 54A INVESTMENTS - PUBLICLY TRADED SECURITIES			
OTHER PUBLICLY TRADED SECURITIES	PUBLICLY TRADE	VALUATION METHOD D SECURITIES	<u>AMOUNT</u> \$ 17,066.
STATEMENT 7 FORM 990, PART IV, LINE 57 LAND, BUILDINGS, AND EQUIPMENT CATEGORY MACHINERY AND EQUIPMENT TOTAL	BASIS \$ 58,435. \$ \$ 58,435. \$	ACCUM. DEPREC. 37,922. 37,922.	BOOK VALUE \$ 20,513. \$ 20,513.
STATEMENT 8 FORM 990, PART IV, LINE 58 OTHER ASSETS OTHER RECEIVABLES.		TOTAL	\$ 23,234. \$ 23,234.
STATEMENT 9 FORM 990, PART IV, LINE 65 OTHER LIABILITIES FUNDS HELD FOR SPONSORS		TOTAL	\$ 19,209. \$ 19,209.
STATEMENT 10 FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KE		GOVER	

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
LAWRENCE LESSIG 543 HOWARD STREET, 5TH FLOOR SAN FRANCISCO, CA 94105	CHAIRMAN/PRESID 40	\$ 0.	\$ 0.	\$ 0.

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STATEMENT 10 (CONTINUED) FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	BUTION TO	EXPENSE ACCOUNT/ OTHER
JAMES BOYLE 543 HOWARD STREET, 5TH FLOOR SAN FRANCISCO, CA 94105	DIRECTOR 2	\$ 0.	\$ 0.	\$ 0.
MICHAEL CARROLL 543 HOWARD STREET, 5TH FLOOR SAN FRANCISCO, CA 94105	DIRECTOR 2	0.	0.	0.
ERIC ELDRED 543 HOWARD STREET, 5TH FLOOR SAN FRANCISCO, CA 94105	DIRECTOR 2	0.	0.	0.
ERIC SALTZMAN 543 HOWARD STREET, 5TH FLOOR SAN FRANCISCO, CA 94105	DIRECTOR 2	0.	0.	0.
HAL ABELSON 543 HOWARD STREET, 5TH FLOOR SAN FRANCISCO, CA 94105	DIRECTOR 2	0.	0.	0.
DIANE CABELL 543 HOWARD STREET, 5TH FLOOR SAN FRANCISCO, CA 94105	SEC./ASST. TRES 30	56,600.	0.	0.
MOLLY SHAFFER VAN HOUWELING 543 HOWARD STREET, 5TH FLOOR SAN FRANCISCO, CA 94105	DIRECTOR 2	0.	0.	0.
JOHN BUCKMAN 543 HOWARD STREET, 5TH FLOOR SAN FRANCISCO, CA 94105	DIRECTOR 2	0.	0.	0.
NATALIE WALROND 543 HOWARD STREET, 5TH FLOOR SAN FRANCISCO, CA 94105	CFO/TREASURER 17	32,350.	0.	0.
JOICHI ITO 543 HOWARD STREET, 5TH FLOOR SAN FRANCISCO, CA 94105	DIRECTOR 2	0.	0.	0.
DAVIS GUGGENHEIM 543 HOWARD STREET, 5TH FLOOR SAN FRANCISCO, CA 94105	DIRECTOR 2	0.	0.	0.
JIMMY WALES 543 HOWARD STREET, 5TH FLOOR SAN FRANCISCO, CA 94105	DIRECTOR 2	0.	0.	0.

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STATEMENT 10 (CONTINUED) FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
LAURIE RACINE 543 HOWARD STREET, 5TH FLOOR SAN FRANCISCO, CA 94105	DIRECTOR 2	\$ 0.	\$ 0.	\$ 0.
	TOTAL	\$ 88,950.	\$ 0.	\$ 0.

STATEMENT 11 SCHEDULE A, PART I COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE & AVERAGE HOURS WORKED	COMPEN- SATION	CONTRIBUT. EBP & DC	
JOHN T WILBANKS 543 HOWARD ST, 5TH FLR SAN FRANCISCO, CA 94105	EXEC DIRECTOR 40	90,000.	5,079.	0.
MIKE LINKSVAYER 543 HOWARD ST, 5TH FLR SAN FRANCISCO, CA 94105	CTO 40	81,625.	4,720.	0.
ERIC STEUER 543 HOWARD ST, 5TH FLR SAN FRANCISCO, CA 94105	CREATIVE DIRECT 40	80,000.	4,559.	0.
MIA GARLICK 543 HOWARD ST, 5TH FLR SAN FRANCISCO, CA 94105	GENERAL COUNSEL 40	80,000.	392.	0.
NATHAN YERGLER 543 HOWARD ST, 5TH FLR SAN FRANCISCO, 94105 94105	SEN. SOFT. ENGI 40	63,680.	3,689.	0.
	TOTAL 3	\$ 395,305.	\$ 18,439.	\$ 0.

STATEMENT 12 SCHEDULE A, PART III, LINE 2 TRANSACTIONS WITH TRUSTEES, DIRECTORS, ETC.

SEE PART V-A, FORM 990

FEDERAL SUPPLEMENTAL INFORMATION

CREATIVE COMMONS CORPORATION

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PART IV SECTION 11(A) CREATIVE COMMONS MEETS THE FACTS AND CIRCUMSTANCES UNDER THE 509 (A)(1) PUBLIC SUPPORT TEST BECAUSE

- 1) IT WAS 19.3% PUBLICLY SUPPORTED FOR THE FOUR YEAR PERIOD ENDING 12/31/2006. THERE IS NO VISIBLE INCREASE OVER THE FIVE-YEAR PERIOD ENDING 12/31/2005 ONLY BECAUSE NO PUBLIC SUPPORT WAS RECEIVED IN THE FIRST YEAR OF OPERATIONS (2001) THEREFORE BOTH REPORTING PERIODS RELY ON FUNDING RECEIVED IN THE SAME 4 YEARS. ON A YEAR-BY-YEAR COMPARISON BASIS, HOWEVER, THE ANNUAL RATE OF PUBLIC SUPPORT CONTINUES TO INCREASE. SUPPORT RECEIVED IN 2006 WAS NEARLY \$2.9 MILLION, AN INCREASE OF 62% OVER THE PREVIOUS YEAR.
- 2) CREATIVE COMMONS HAS DEVELOPED A STABLE AND ONGOING DEVELOPMENT PROGRAM WITH FULL-TIME PERSONNEL WHO HAVE INITIATED A SUBSTANTIAL NUMBER OF NEW AND INNOVATIVE AND DIVERSIFIED DEVELOPMENT ACTIVITIES, SUCH AS THE CC SALONS THAT HOST PUBLIC EVENTS FEATURING PRESENTATIONS BY CC-LICENSED ARTISTS AND CREATORS.
- 3) CREATIVE COMMONS CONTINUES TO BROADEN ITS BASE OF SUPPORT THROUGH NEW PROGRAM INITIATIVES. A NEW DIVISION, CC LEARN, WILL BE LAUNCHED IN 2007 TO OFFER SERVICES FOR STUDENTS AND PUBLIC SECTOR EDUCATIONAL ORGANIZATIONS, THUS EXPANDING THE RANGE OF BENEFICIARIES OF ITS FREE PUBLIC SERVICES WHILE ALSO OPENING NEW CHANNELS FOR FUNDING SUPPORT.
- 4) CREATIVE COMMONS HAS A LARGE, DISTINGUISHED, COMMUNITY-BASED BOARD OF DIRECTORS REPRESENTING A BROAD SPECTRUM OF NONPROFITS, ENTREPRENEURS AND REPRESENTATIVES OF THE COMMUNITIES THAT BENEFIT FROM ITS SERVICES.

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FEDERAL SUPPORTING DETAIL

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OTHER	INFORMATION
VALUE	OF ABOVE ITEMS (OPTIONAL) (82B)

COOLEY GODWARD (LEGAL SERVICES)		\$ 18,445.
WILSON SONSINI GOODRICH & ROSATI (LEGAL SERVICES)	7,681.
MUNGER, TOLLES & OLSON LLP		5,087.
	TOTAL	\$ 31,213.